



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/25/2002

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NYR000108241

INSTALLATION NAME

REVEO INC

INSTALLATION ADDRESS

**3 WESTCHESTER PLZ
ELMSFORD, NY 10523**

MAILING ADDRESS

**85 EXECUTIVE BLVD
ELMSFORD, NY 10523**


EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: REVEO INC
or Current Occupant
ATTN: EDUCARDO MERTSCHING - FACILITIES
85 EXECUTIVE BLVD
ELMSFORD, NY 10523**

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).		<h1 style="text-align: center;">Notification of Regulated Waste Activity</h1>  United States Environmental Protection Agency		Date Received (For Official Use Only)	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)					
<input checked="" type="checkbox"/> A. Initial Notification		<input type="checkbox"/> B. Subsequent Notification (Complete item C)		C. Installation's EPA ID Number NYR0000108241	
II. Name of Installation (Include company and specific site name) REVED INCORPORATED					
III. Location of Installation (Physical address not P.O. Box or Route Number)					
Street 3 WESTCHESTER PLAZA					
Street (Continued)					
City or Town ELMSFORD				State NY	Zip Code 10523 -
County Code 119		County Name UNITED STATES			
IV. Installation Mailing Address (See instructions)					
Street or P.O. Box 85 EXECUTIVE BOULEVARD					
City or Town ELMSFORD				State NY	Zip Code 10523 -
V. Installation Contact (Person to be contacted regarding waste activities at site)					
Name (Last) MERTSCHING			(First) EDUARDO		
Job Title FACILITIES			Phone Number (Area Code and Number) 914 - 798 - 7343		
VI. Installation Contact Address (See instructions)					
A. Contact Address Location <input type="checkbox"/>		B. Street or P.O. Box			
<input checked="" type="checkbox"/>					
City or Town				State	Zip Code
VII. Ownership (See instructions)					
A. Name of Installation's Legal Owner REVED INCORPORATED					
Street, P.O. Box, or Route Number 85 EXECUTIVE BOULEVARD					
City or Town ELMSFORD				State NY	Zip Code 10523 -
Phone Number (Area Code and Number) 914 - 345 - 9555		B. Land Type P	C. Owner Type P	D. Change of Owner Indicator Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				Date Changed Month Day Year	

Address Verified

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 U002	2 U140	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) EDUARDO MERTSCHINK - FACILITIES	Date Signed 5-14-02
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XI. Comments

PROPERTY LEASED FROM: MACK CALI REALTY CORP, 100 CLEAR BROOK ROAD
ELMSFORD NY 10523

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)